Partner Agreements (page 1 of 3)

Required Signature of the Authorized Representative

Name of Higher Education Institution:	
Location of Campus (City, State): _	,
Signature of the Authorized Representative:	
Title of the Authorized Representative:	
Date:	
Description of the applicant's role and responsibility in grant implementation and partner coordination for the EMHE grant project:	
IHE will otilize the knowledge	e and expertise of the
City of and	County law
enforcement and emergency	management personnel
in the write-up of its EOP.	THE will also provide
trained personnel and availa	
City and County to provi	100-10 100-70 10
respond to incidents.	

Partner Agreement 1: Local or State Government (page 2 of 3) Name of Higher Education Institution: Below is a signature from a representative of the local or State government for the locality in which my campus is located: Signature: Name of Local/State Government: Cal-Title of Signatory: PAR Chief Emergency manager Description of local/State government's roles and responsibilities in reviewing and improving the campus-based plan and supporting the EMHE grant project: My campus is unable to include this signature for the following reason(s):

Coordinating Body (page 3 of 3) Name of Higher Education Institution: Below is a signature from a representative of the local or State emergency management coordinating body for the locality in which my campus is located: Signature: Name of Entergency Management Coordinating Body: Emergency Manag Title of Signatory: Date: Description local or State emergency management coordinating bodies roles and responsibilities in reviewing and improving the campus-based plan and supporting the EMHE grant project: will have significant input on the write-up of IHE'S EOP and will incorporate the approved plan into the County's Comprehensive Emergency training and Quill opportunities for IHE faculty and staff, as well as utilizing the IHE campus community in as many drills and exercises as possible. My campus is unable to include this signature for the following reason(s):

Partner Agreement 2: Local or State Emergency Management